

COMMONWEALTH OF MASSACHUSETTS VENDOR/PAYEE DATA CHANGE

This form is to be used when changes to an existing e-mail address or password are requested.

Your organization must supply an e-mail address to receive data.

Please type below where you would like the e-mail message for the data feed sent to.

Please type:

Name of Organization: _____

*E-mail address for Data Feed Notification: _____

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number: _____

Please Indicate Password Change Request:

Current Password: _____

New Password: _____
(To be assigned)

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number: _____

Any future changes in this information must be communicated in writing to:

Office of the Comptroller
One Ashburton Place, Room 901
Boston, MA 02108

For Vendors: Attn: Toni Ivers

For Payees: Attn: Gerri Pondelli

Phone: (617) 973-2431

(617) 973-2616

Fax: (617) 727-2163

(617) 973-2500